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Only

STATEMENT OF

FORM 1	I ORGANIZATION			15 JUL 23 PM 2: 54	
				1	office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of I	David J	oliy	1 1 1 1 1 1 1 1 1 1 1 1		
		P. O. Box 1158			
ADDRESS (number a			<u> </u>		
(Check if address is changed)		<u> </u>			
•	•	Indian Rocks Beach	1	FL 337	785
		CITY ▲	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AU ADDDESS	•			
(Check if address nwatkins@robertwatkins.com					
is changed					
		Optional Second E-Mail Ad	dress		
☐ ◀ (Check if a is changed	~~~	www.davidjolly.com			
2. DATE 0	м / р о р 7 20	, v v v v v 2015			
3. FEC IDENTIFIC	CATION NUM	BER ▶ C C	00551572		
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
certify that I have e	examined this	Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasurer	Nancy H. Watkins			
Signature of Treasure	er ·	Mayfrett		Date 07	20 2015
NOTE: Submission of			may subject the person signing to ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100